



Preserving wealth...  
and relationships

**PASTERNAK & FIDIS, P.C.**

7101 Wisconsin Avenue | Suite 1025  
Bethesda, MD 20814-4805

**T** 301.656.8850

**F** 301.656.3053

Thank you for choosing Pasternak & Fidis, P.C. for your estate planning. At Pasternak & Fidis, we strive to provide the highest level of service with the personal attention you deserve.

As the first step in your estate planning, please review the attached form and complete the form to the best of your abilities. Please note that the information requested in Part I is essential to your estate planning and will save substantial time at our initial meeting. Please note that, in lieu of completing the asset inventory (beginning on page 5 of our form), you may provide us with a detailed financial statement in another format. Although it would be helpful if you would complete Part II, we can review these items at our initial meeting.

Please complete and return this form prior to your initial scheduled meeting. Please also note the items requested on page 8 of the form and either send in advance or bring with you to the meeting those items which are applicable to your planning.

We look forward to working with you.

Sincerely yours,  
The Estate Planning Group

Mikyla Abdul-Azim  
Anne W. Coventry  
Oren Goldberg  
Blaise S. Hill  
Andryse P. Leukeu  
Stephanie Perry  
Christina K. Scopin  
Micah G. Snitzer  
Adam P. Swaim



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DATE: \_\_\_\_\_

**PART I**

**I. FAMILY INFORMATION**

**A. CLIENTS**

**CLIENT 1**

**CLIENT 2 (SPOUSE/PARTNER)**

1. LEGAL NAME

\_\_\_\_\_

\_\_\_\_\_

2. NICKNAME

(or other name used)

\_\_\_\_\_

\_\_\_\_\_

3. HOME ADDRESS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. COUNTY

\_\_\_\_\_

\_\_\_\_\_

5. HOME PHONE

\_\_\_\_\_

\_\_\_\_\_

6. HOME FAX

\_\_\_\_\_

\_\_\_\_\_

7. MOBILE PHONE

\_\_\_\_\_

\_\_\_\_\_

8. EMPLOYER

\_\_\_\_\_

\_\_\_\_\_

9. PRESENT OCCUPATION

\_\_\_\_\_

\_\_\_\_\_

10. BUSINESS ADDRESS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. BUSINESS PHONE

\_\_\_\_\_

\_\_\_\_\_

12. BUSINESS FAX

\_\_\_\_\_

\_\_\_\_\_

**CLIENT 1****CLIENT 2 (SPOUSE/PARTNER)****CLIENTS**

13. EMAIL ADDRESS

---

---

14. DATE OF BIRTH

---

---

15. PLACE OF BIRTH

---

---

16. SOCIAL SECURITY #

---

---

17. ARE YOU A U.S. CITIZEN? 

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(IF NOT, WHAT IS YOUR COUNTRY OF CITIZENSHIP?)

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18. DATE AND PLACE OF MARRIAGE: 

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(OR DATE AND PLACE OF CIVIL UNION OR DOMESTIC PARTNERSHIP REGISTRATION)

19. DO YOU HAVE A PRE- OR POST-MARITAL AGREEMENT (OR ANY OTHER AGREEMENT RELATING TO OWNERSHIP OF PROPERTY) WITH EACH OTHER? YES ☐ NO ☐

20. PRIOR MARRIAGE(S), IF ANY

a. FORMER SPOUSE 

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---

b. TERMINATED BY DEATH ☐ DIVORCE ☐DEATH ☐ DIVORCE ☐c. DATE TERMINATED: 

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---

d. DIVORCE OBLIGATIONS TO OR FROM FORMER SPOUSE: YES ☐ NO ☐

21. ALL CORRESPONDENCE, DOCUMENTS AND BILLING STATEMENTS\* WILL BE SENT VIA EMAIL TO THE PREFERRED ADDRESS(ES) SELECTED ABOVE UNLESS OTHERWISE INDICATED BELOW:

CORRESPONDENCE:

EMAIL

☐

REGULAR MAIL

☐

DOCUMENTS:

EMAIL

☐

REGULAR MAIL

☐

BILLING STATEMENTS:

EMAIL

☐

REGULAR MAIL

☐

\* PAYMENTS MADE BY CREDIT CARD WILL INCUR A 2.5% SURCHARGE.

22. WHO REFERRED YOU TO THE FIRM? 

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23. Have you made gifts to individuals which exceeded the annual gift tax exclusion?<sup>1</sup> If so, please list the date(s) of such gift(s), the recipient, the value of the gift(s). This question may be answered simply by providing copies of gift tax returns you have filed.

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## B. CHILDREN (AND DECEASED CHILDREN)

PLEASE ATTACH ADDITIONAL PAGE(S) IF YOU HAVE MORE THAN THREE (3) CHILDREN

|                                           |                                      |                                      |                                               |                                           |
|-------------------------------------------|--------------------------------------|--------------------------------------|-----------------------------------------------|-------------------------------------------|
| NAME OF CHILD 1<br>(INCLUDE ANY NICKNAME) |                                      |                                      | CHILD 1'S DATE OF BIRTH<br>(OR DATE OF DEATH) |                                           |
| CHILD'S<br>SPOUSE/PARTNER                 |                                      |                                      | CHILD 1'S SSN                                 |                                           |
| CHILD OF                                  | CLIENT 1<br><input type="checkbox"/> | CLIENT 2<br><input type="checkbox"/> | BOTH<br><input type="checkbox"/>              | CHILDREN OF CHILD 1<br>NAME DATE OF BIRTH |
| CHILD'S CURRENT ADDRESS                   |                                      |                                      |                                               |                                           |
|                                           |                                      |                                      |                                               |                                           |
|                                           |                                      |                                      |                                               |                                           |
| PHONE #                                   |                                      |                                      |                                               |                                           |

|                                           |                                      |                                      |                                               |                                           |
|-------------------------------------------|--------------------------------------|--------------------------------------|-----------------------------------------------|-------------------------------------------|
| NAME OF CHILD 2<br>(INCLUDE ANY NICKNAME) |                                      |                                      | CHILD 2'S DATE OF BIRTH<br>(OR DATE OF DEATH) |                                           |
| CHILD'S<br>SPOUSE/PARTNER                 |                                      |                                      | CHILD 2'S SSN                                 |                                           |
| CHILD OF                                  | CLIENT 1<br><input type="checkbox"/> | CLIENT 2<br><input type="checkbox"/> | BOTH<br><input type="checkbox"/>              | CHILDREN OF CHILD 2<br>NAME DATE OF BIRTH |
| CHILD'S CURRENT ADDRESS                   |                                      |                                      |                                               |                                           |
|                                           |                                      |                                      |                                               |                                           |
|                                           |                                      |                                      |                                               |                                           |
| PHONE #                                   |                                      |                                      |                                               |                                           |

<sup>1</sup> The gift tax annual exclusion is the amount that an individual may give in any year without using a portion of his or her lifetime gift tax exemption amount. Before 1981, the annual exclusion was \$3,000. Beginning in 1981, it was \$10,000, and has periodically increased since. Currently, it is \$19,000. (The amount is doubled in each year if you and your spouse made the gifts together.)

|                                           |                                      |                                      |                                  |                                           |
|-------------------------------------------|--------------------------------------|--------------------------------------|----------------------------------|-------------------------------------------|
| NAME OF CHILD 3<br>(INCLUDE ANY NICKNAME) |                                      |                                      | CHILD 3'S DATE OF BIRTH          |                                           |
| CHILD'S<br>SPOUSE/PARTNER                 |                                      |                                      | CHILD 3'S SSN                    |                                           |
| CHILD OF                                  | CLIENT 1<br><input type="checkbox"/> | CLIENT 2<br><input type="checkbox"/> | BOTH<br><input type="checkbox"/> | CHILDREN OF CHILD 3<br>NAME DATE OF BIRTH |
| CHILD'S CURRENT ADDRESS                   |                                      |                                      |                                  |                                           |
|                                           |                                      |                                      |                                  |                                           |
|                                           |                                      |                                      |                                  |                                           |
| PHONE #                                   |                                      |                                      |                                  |                                           |

### ADDITIONAL FAMILY INFORMATION

1. Identify any persons who (a) have special needs or (b) are, or who may become wholly or partially dependent upon you for support:

(a) \_\_\_\_\_  
 \_\_\_\_\_  
 (b) \_\_\_\_\_  
 \_\_\_\_\_

2. Are you (or your children) beneficiaries of any trust or estate? If so, please describe the nature and extent of such interest(s).

\_\_\_\_\_  
 \_\_\_\_\_.

3. Do you have any power of appointment under any will or trust? If so, please describe.

\_\_\_\_\_  
 \_\_\_\_\_.

4. Any especially important estate planning objectives or problems which you wish to discuss?

\_\_\_\_\_  
 \_\_\_\_\_.

5. Have you or any descendant of yours (to your knowledge) preserved any genetic material?

YES ☐ NO ☐

## II. ADVISOR INFORMATION

Please provide name(s), address(es), telephone number(s), and additional contact information (if any) for your advisor(s).

1. Stockbroker/Investment advisor \_\_\_\_\_  
\_\_\_\_\_
2. Life insurance advisor \_\_\_\_\_  
\_\_\_\_\_
3. Financial planner \_\_\_\_\_  
\_\_\_\_\_
4. Other attorney \_\_\_\_\_  
\_\_\_\_\_
5. Accountant \_\_\_\_\_  
\_\_\_\_\_

## III. ASSET INVENTORY

| In the name of                                         | CLIENT 1 | CLIENT 2 | JOINT (specify joint tenants with rights of survivorship or tenants by the entireties) |
|--------------------------------------------------------|----------|----------|----------------------------------------------------------------------------------------|
| 1. Real property                                       |          |          |                                                                                        |
| a. Principal Residence                                 | \$ _____ | \$ _____ | \$ _____                                                                               |
| b. Second Residence                                    | \$ _____ | \$ _____ | \$ _____                                                                               |
| c. Commercial/Investment Property                      | \$ _____ | \$ _____ | \$ _____                                                                               |
| 2. Life Insurance                                      | \$ _____ | \$ _____ | \$ _____                                                                               |
| 3. Business interests                                  | \$ _____ | \$ _____ | \$ _____                                                                               |
| 4. Checking accounts                                   | \$ _____ | \$ _____ | \$ _____                                                                               |
| 5. Savings accounts<br>(CDs and money market accounts) | \$ _____ | \$ _____ | \$ _____                                                                               |
| 6. Marketable securities (non-retirement)              | \$ _____ | \$ _____ | \$ _____                                                                               |

7. Employee & Retirement Benefits (or provide statements)

Is this an inherited IRA?

|                                                            |          |          |
|------------------------------------------------------------|----------|----------|
| a. IRA(s)                                                  | \$ _____ | \$ _____ |
| b. Roth IRA(s)                                             | \$ _____ | \$ _____ |
| c. SEP IRA(s)                                              | \$ _____ | \$ _____ |
| d. 401(k) plan(s)                                          | \$ _____ | \$ _____ |
| e. Profit-sharing plan(s)                                  | \$ _____ | \$ _____ |
| f. Pension plan(s)                                         | \$ _____ | \$ _____ |
| g. Deferred compensation plan(s)                           | \$ _____ | \$ _____ |
| h. Post-death salary continuation plan(s)                  | \$ _____ | \$ _____ |
| i. Stock option plan(s)                                    | \$ _____ | \$ _____ |
| j. Restricted stock plan(s)                                | \$ _____ | \$ _____ |
| k. TSP                                                     | \$ _____ | \$ _____ |
| l. FERS                                                    | \$ _____ | \$ _____ |
| m. CSRS                                                    | \$ _____ | \$ _____ |
| n. Other government or military retirement benefit plan(s) | \$ _____ | \$ _____ |
| o. Other benefit plan(s)                                   | \$ _____ | \$ _____ |

YES ☐ NO ☐

YES ☐ NO ☐

YES ☐ NO ☐

|                               |          |          |          |
|-------------------------------|----------|----------|----------|
| 8. Tangible Personal Property | \$ _____ | \$ _____ | \$ _____ |
|-------------------------------|----------|----------|----------|

9. Other assets  
(please describe)

|       |          |          |          |
|-------|----------|----------|----------|
| _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ |

|               |                 |                 |              |
|---------------|-----------------|-----------------|--------------|
| <b>TOTALS</b> | \$ <u>0</u>     | \$ <u>0</u>     | \$ <u>0</u>  |
|               | <b>CLIENT 1</b> | <b>CLIENT 2</b> | <b>JOINT</b> |

|                   |          |          |          |
|-------------------|----------|----------|----------|
| 10. Annual income | \$ _____ | \$ _____ | \$ _____ |
|-------------------|----------|----------|----------|

|                     |          |          |          |
|---------------------|----------|----------|----------|
| 11. Annual expenses | \$ _____ | \$ _____ | \$ _____ |
|---------------------|----------|----------|----------|

12. Do you expect to inherit property, or receive life insurance on another person's life, in the near future, which should be taken into account in planning your estate? YES ☐ NO ☐

If yes, please describe briefly.

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13. Do you have any liabilities? YES ☐ NO ☐

If yes, please briefly describe the liability and the approximate balance due.

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14. Do you have a safe deposit box? YES ☐ NO ☐ If yes, please provide the following

(a) Name of bank: 

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(b) Branch location: 

---

(c) Box number: 

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(d) In name of: 

---

(e) Other person(s) with access (and contact information if not provided herein):

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15. Do you own any intellectual property rights (patents, copyrights, trademarks, etc.)? YES ☐ NO ☐

If yes, please describe briefly.

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**IV. PLEASE SEND OR BRING WITH YOU TO OUR MEETING COPIES OF THE FOLLOWING:**

1. Any existing wills, trusts, powers of attorney, living wills or other health care directives.

Please note the location of the originals of your existing documents:

---

2. Recent statement for each bank, investment and retirement account.
3. List of primary and contingent beneficiaries of each account.
4. Deeds for all real estate.
5. Last premium notice for each life insurance policy.
6. All partnership agreements and LLC operating agreements.
7. By-laws, buy-sell agreements and/or other contracts affecting your interests in closely held corporations.
8. Financial statements for any closely held businesses.
9. Information about any intellectual property you own or have created.
10. Any gift tax returns filed (Form 709).
11. Pre-marital, post-marital and domestic partnership agreements with current spouse or partner.
12. Property settlement agreement with former spouse or partner.
13. All wills or trusts under which you have a power of appointment.
14. Promissory notes and/or mortgages payable to you.

# **PART II**

PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT YOUR EXTENDED FAMILY:

**CLIENT 1**

**CLIENT 2 (SPOUSE/PARTNER)**

**PARENTS & SIBLINGS**

**PARENTS**

|                    |       |       |
|--------------------|-------|-------|
| NAME               | <hr/> | <hr/> |
| ADDRESS            | <hr/> | <hr/> |
|                    | <hr/> | <hr/> |
| TELEPHONE          | <hr/> | <hr/> |
| AGE                | <hr/> | <hr/> |
| (OR DATE OF DEATH) |       |       |

**SIBLINGS**

|                    |       |       |
|--------------------|-------|-------|
| NAME               | <hr/> | <hr/> |
| ADDRESS            | <hr/> | <hr/> |
|                    | <hr/> | <hr/> |
| TELEPHONE          | <hr/> | <hr/> |
| AGE                | <hr/> | <hr/> |
| (OR DATE OF DEATH) |       |       |
| SPOUSE             | <hr/> | <hr/> |
| CHILDREN           | <hr/> | <hr/> |
| (NAME/AGE)         | <hr/> | <hr/> |
|                    | <hr/> | <hr/> |

**CLIENT 1****CLIENT 2 (SPOUSE/PARTNER)****SIBLINGS (CONTINUED)**

|                    |       |       |
|--------------------|-------|-------|
| NAME               | _____ | _____ |
| ADDRESS            | _____ | _____ |
|                    | _____ | _____ |
| TELEPHONE          | _____ | _____ |
| AGE                | _____ | _____ |
| (OR DATE OF DEATH) |       |       |
| SPOUSE             | _____ | _____ |
| CHILDREN           | _____ | _____ |
| (NAME/AGE)         | _____ | _____ |
|                    | _____ | _____ |
|                    |       |       |
| NAME               | _____ | _____ |
| ADDRESS            | _____ | _____ |
|                    | _____ | _____ |
| TELEPHONE          | _____ | _____ |
| AGE                | _____ | _____ |
| (OR DATE OF DEATH) |       |       |
| SPOUSE             | _____ | _____ |
| CHILDREN           | _____ | _____ |
| (NAME/AGE)         | _____ | _____ |
|                    | _____ | _____ |
|                    |       |       |

## SPECIAL PROVISIONS FOR YOUR ESTATE PLAN

1. Do you wish to make any charitable gifts? During life? YES ☐ NO ☐

At death? YES ☐ NO ☐

Only if other beneficiaries are not living? YES ☐ NO ☐

2. If you have minor children (under age 18), whom do you wish to nominate as their guardian?

|     | <u>Name</u> | <u>Relationship</u> | <u>Address</u> | <u>Phone Number</u> |
|-----|-------------|---------------------|----------------|---------------------|
| i.  | _____       | _____               | _____          | _____               |
|     |             |                     | _____          |                     |
| ii. | _____       | _____               | _____          | _____               |
|     |             |                     | _____          |                     |

3. Do you plan to omit (or are you considering omitting) from your estate plan any person, such as a child, who ordinarily might expect to receive some benefit from your estate?

YES ☐ NO ☐ If yes, please explain:

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4. Are you interested in providing specifically for the distribution of certain items of tangible personal property (i.e., jewelry, artwork, heirlooms) in your estate plan?

YES ☐ NO ☐ If yes, please describe the items and intended recipient:

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5. Does any person have access to your passwords and PINs in the event of your incapacity or death (i.e., email, PayPal®, online banking, social networking, online media storage sites, etc.)? Please note it is important that you provide this information to a person other than your spouse/partner. YES ☐ NO ☐ If yes, please provide the name of that person and contact information:

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6. Do you have any long-term care insurance? YES ☐ NO ☐

If yes, please specify insured: \_\_\_\_\_